

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

17497 U.S. PTO  
10/822614

041204

Applicant: Shigeki Taniguchi  
 Serial No.:  
 Conf. No.:  
 Filed: 4/12/2004  
 or: TERMINAL APPARATUS, SERVER,  
 COMPUTER-EXECUTED  
 INFORMATION PROCESSING  
 METHOD, PROGRAM AND MEDIUM  
 Art Unit:  
 Examiner:

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: MS Patent Application, Commissioner for Patents, Alexandria, VA 22313-1450, on this date.

4/12/04

Date

Express Mail No. EV 032736180 US

TRANSMITTAL

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

This application is being transmitted for filing pursuant to 35 U.S.C. § 111(a).

- (X) 68 pages of specification, including 35 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- (X) 21 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to FUJITSU LIMITED and Assignment Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).
- (X) Information Disclosure Statement, Form PTO-1449 and cited references.
- (X) Copy of International Search Report.
- (X) Claim for Priority and Priority Document.

Preliminary Amendment

- (X) Please insert the following between the title and line 1 of the specification:  
 "This is a continuation of International PCT Application No. PCT/JP01/09868 filed November 12, 2001."

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 770.00
b) Independent Claims	<u>15</u>	-	3	=	<u>12</u>	x \$ 86.00 = \$ <u>1,032.00</u>
c) Total Claims	<u>35</u>	-	20	=	<u>15</u>	x \$ 18.00 = \$ <u>270.00</u>
d) Fee for Multiple Dependent Claims						\$ 290.00 = \$ <u>290.00</u>
Total Filing Fee						\$ <u>2,362.00</u>

- (X) A check in the amount of \$ 2,362.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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By:

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